



# JUNIOR KINDERGARTEN APPLICATION FORM

2017-2018

Student Information				
Last Name	First Name	Middle Name	Age	Date of Birth (dd/mm/yyyy)
Applying for: (check one):				
<input type="checkbox"/> Jr. K 3-yr-old (2-day)		<input type="checkbox"/> Jr. K 4-yr-old (3-day)		<input type="checkbox"/> Jr. K 4-yr-old (5-day)
Family Information				
Father's Last Name	Father's First Name	Lives with student	Employer	Work Phone
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mother's Last Name	Mother's First Name	Lives with student	Employer	Work Phone
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Address		Mailing Address		
Apartment Number	Street address	PO Box Number	Other	
City/ Town	Postal Code	City/ Town	Postal Code	
Contact Information				
Home Phone	Cell #	(Other)	Permission to Publish	
			I give permission for my home phone # to be published on a list issued to school families	Please check: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary E-Mail Address		Secondary E-Mail (Optional)		No Email Address
				<input type="checkbox"/>
<i>(SCS uses email as a major communication method with school families)</i>				
Church Affiliation:				
Church Name	Complete Address	Pastor's name	Phone #	Attendance
				<input type="checkbox"/> Attend Regularly <input type="checkbox"/> No Church Home
* In addition to this form, applicants must read and sign the JK Handbook. New families must also select persons to complete the references attached. Upon acceptance, applicants must complete the "Child Profile" required by the Province of New Brunswick and return to the school by the first day of classes				

**OFFICE USE ONLY**

Date Rec'd \_\_\_\_\_  
 Reg. Paid \_\_\_\_\_  
 Amount \_\_\_\_\_  
 # Students \_\_\_\_\_  
 Post-dates \_\_\_\_\_

45 Chapman Drive  
 Sussex, NB  
 E4E 1M4

T 506.433.4005  
 E [info@sussexchristianschool.ca](mailto:info@sussexchristianschool.ca)  
 W [www.sussexchristianschool.ca](http://www.sussexchristianschool.ca)



## Educational intent

Please check which statement most accurately describes your educational intent at this time:

- I am interested in a long term commitment to Christian School education for my child.
- I am interested in my child receiving an educational foundation through the SCS JK and Kindergarten programs before enrolling in public school.
- I am interested in my child attending only Junior Kindergarten at SCS.
- I am uncertain as to my long-term intentions for my child's education.

We would like enrolment to begin:  Day/Month/Year)

Please state why you wish your child(ren) to attend SCS.

Do you have other school-aged children who are not enrolled at SCS?  Yes  No

If "Yes", would you consider enrolling them at SCS? Why or why not?

How did you learn about Sussex Christian School?

## PERMISSION SLIPS

### School Sponsored Events off School Property

- Yes  No I give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school's premises. I absolve Sussex Christian School and Sussex Wesleyan Church from liability to me or my child because of any injury to my child at school or during any school activity.

Parent Signature:

### Publishing Photos

- Yes  No I give permission for my child's photo to be published in print media.
- Yes  No I give permission for my child's photo to be published on school website and/ or Face Book page.
- Yes  No I give permission for my child's photo to be published in video media (for such things as school dramas, etc.)

Parent Signature:

## Additional Documentation

Please complete the attached forms and submit with application

- Reference letters (2)
- Parental Understanding and Commitment
- Statement of Faith
- Financial Commitment Form
- Medical form (One per student enrolling)

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# SUSSEX CHRISTIAN SCHOOL

## STATEMENT OF FAITH



### Preamble:

Sussex Christian School is a ministry of Sussex Wesleyan Church. It is also, however, non-denominational in its teaching approach and in its acceptance of constituents. SCS adheres to and teaches basic tenets of the Christian faith only, not denominational positions.

All faculty, staff and council members must be able to sign the Statement of Faith without reservation. Each parent must be able to sign either that s/he agrees with the Statement of Faith, or that s/he agrees with the school's right to uphold the Statement of Faith.

### SCS Statement of Faith

1. We believe that the Bible is God's inspired, infallible Word, and we seek to establish our faith and actions on its teaching. (2 Timothy 3:16, 2 Peter 1:21)
2. We believe in one God, who is Father, Son, and Holy Spirit. (Matthew 28:19, John 10:30, 15:26, 1 Corinthians 8:6)
3. We believe in the full deity and full humanity of Jesus Christ; his virgin birth, sinless life, miracles, atoning death, physical resurrection, ascension, and his physical return to earth. (Matthew 26:64, Mark 6:2, Luke 1:34-38, Acts 1:9-11, Acts 2:23-24, Romans 5:8-9, Philippians 2:6-11, Hebrews 2:9, 1 Peter 3:18,)
4. We believe that humanity was/is created by God in His own image and that though we are spiritually separated from God because of sin we are reconciled to God by the work of Christ on the cross. (Genesis 1:27, Romans 5:7-9, 1 Corinthians 15:20-23)
5. We do not teach hatred towards any group or individual. We believe, according to the teaching of the Old and New Testament, that sexual intimacy outside of marriage is morally wrong and that marriage is meant to be an exclusively heterosexual institution. (Genesis 2:24, Leviticus 18:22, Matthew 19:4-6, Mark 10:6-9)
6. We believe that Jesus Christ is the Saviour of all, and that those who receive new life in Christ experience a personal relationship with God. They are called to live a holy life in character and conduct through the help of the Holy Spirit who is sent to indwell, guide, teach and empower them for service. (John 14: 6, 26, John 16:13, Acts 1:8, 2 Timothy 1:9, Revelation 3:20)
7. We believe that the Church is the body of Christ, in fellowship with Christ and with fellow believers, and is commissioned by Christ to share the Good News with everyone. (Matthew 28:19-20, Ephesians 1:22-23, 3:10-11)
8. We believe God desires for people everywhere to know Him and that the purpose of His Church is to share the love, peace, and salvation that Christ brings to the world.(1 Timothy 2:3-4, 2 Peter 3:9)
9. We believe that human life begins at conception and that the unborn child is fully human and deserves the same protection as any other person. (Job 31:15, Psalm 22:10, Psalm 127:3, Ecclesiastes 11:5, Isaiah 44:24, Jeremiah 1:5, Luke 1:31)
10. We believe in the resurrection of all people: the saints to eternal life/fellowship with God and the lost to suffer eternal separation from God. (John 3:16-18, John 5:28-29, 1 Corinthians 15:20-28, 1 Thessalonians 4:14-17, Revelation 20:12-15)

Each parent please sign <u>one</u> of the statements below:	Father	Mother
I have read and agree with the SCS Statement of Faith		
<b>OR</b>		
I have read the SCS Statement of Faith and agree with the school's right to uphold this statement		

# SUSSEX CHRISTIAN SCHOOL

## PARENTAL UNDERSTANDING AND COMMITMENT FORM



We understand that a basic responsibility of Christian parents is to “train up a child in the way he should go...that when he is old he will not depart from it.” (Proverbs 22:6). Sussex Christian School is a school seeking to mold your children’s lives after God’s fashion. Successful Christian living hinges on three areas: the home, the church, and the school. These institutions must work cooperatively together. Parents should not give their responsibility to the Christian school and let them train the children alone. Both the home and the school share this responsibility. Therefore, as parents we pledge to do our part and enter into covenant with SCS.

- It is my choice as a parent that my child have an academic education based on the Word of God and its teachings.
- I understand that Sussex Christian School is a ministry of Sussex Wesleyan Church and that the church’s doctrinal position on the Word of God will be reflected in all affairs of the school.
- I believe it is in the best interests of the school and the children that parents express a positive attitude toward the goals, aims, and standards of the school. Should a problem or misunderstanding arise, I will immediately seek to resolve it privately with the administration.
- I agree to uphold and support the high academic standard of the school.
- I appreciate the standards of the school and will not tolerate profanity, obscenity in word or action, dishonour to the Lord or the Word of God, or disrespect toward the personnel of the school.
- I have read the Sussex Christian School Junior Kindergarten Handbook and agree with the school's outlook and aims. I agree to support all regulations of the school made in the applicant’s behalf and authorize this school to employ such discipline as is deemed wise and expedient for the training of my child.
- I commit myself to promptly pay my financial obligations to the school, understanding that REGISTRATION FEE and monthly TUITION are payable in advance.
- I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligations are not met.
- I understand that the staff of Sussex Christian School will treat my child with love and respect and are committed to providing the best possible academic instruction.

Signature of Father/Guardian	Signature of Mother/Guardian
Date	Date

**FINANCIAL INFORMATION 2017-18**

A **Registration Fee per student** for JK to 12 is due upon submission of application.

**Tuition Fees:** as listed below.

Registration Fee: (Per student. Non-refundable after acceptance.)	Before August 1 <sup>st</sup> : \$ 75 After Aug 1 <sup>st</sup> : \$100 x (# students _____) After first day of school: \$125.	\$
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Tuition	First Child	Second Child	Third Child	Fourth Child
JK-3 (2-Day)	\$1690	\$1490	\$1435	\$1300
JK-4 (3-Day)	\$2320	\$2085	\$2020	\$1300
JK-4 (5-Day)	\$3350	\$3050	\$2350	\$1300
Kindergarten to Grade 2	\$3725	\$3150	\$2350	\$1300
Grades 3-12	\$4375	\$3150	\$2350	\$1300

Payment Options	My Fee Commitment		
I understand my financial obligations and will, upon notification of acceptance (please check one of the following):  <input type="checkbox"/> Make a lump sum payment for the <u>total amount</u> [5% discount on tuition portion (K-12) for lump sum payment received <b>before July 1]</b>  <input type="checkbox"/> Make 2 equal payments in August and January  <input type="checkbox"/> Submit 10 equal monthly post-dated cheques starting August 2017 thru May 2018 dated the 15 <sup>th</sup> or 30 <sup>th</sup> of the month  <input type="checkbox"/> Submit 20 equal post-dated bi-monthly tuition cheques dated the 15 <sup>th</sup> & 30 <sup>th</sup> of each month (½ payment on the 15 <sup>th</sup> and ½ on the 30 <sup>th</sup> ), August 2017-May 2018	Fee	\$	
	1 <sup>st</sup> Child tuition		
	2 <sup>nd</sup> Child tuition		
	3 <sup>rd</sup> Child tuition		
	4 <sup>th</sup> Child tuition		
	Bursaries / Awards		
		<b>TOTAL</b>	\$

*If a student enrolls after a school year begins or withdraws before the year ends, tuition will be pro-rated according to the quarter in which the student is enrolled. All other fees must be paid in full.*

Signature of Father/Guardian	Signature of Mother/Guardian
Date	Date

## MEDICAL INFORMATION

**One copy of this page to be completed for each student being enrolled**

Child's full name

Local Physician's Name (If applicable)

Phone #

Medicare #

Expiry Date

Does applicant have any mental, emotional, physical limitations, or learning disabilities that may affect his/her activities or progress, or for some reason should be known by his/her teachers?

Please specify if your child has any allergies.

Specify if your child requires regular medication to be administered at school

**NOTE:** If medication is required on a regular basis, or at a specified time, medication must be brought to the school office, labeled with child's name and dosage requirements, and a medical permission form must be completed.

Parent Signature

**IMMUNIZATION RECORD** is required for all elementary students enrolling in our school.

Yes  No Copy of immunization attached

### Emergency Contact and Medical Treatment

In case of emergency, and parent cannot be reached, please contact:

Name:

Phone #

Relation:

I hereby authorize Sussex Christian School to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical aid and surgical care in the case that I, or the designated guardian, am not immediately available. Any qualified physician, called by SCS, may treat and do whatever is necessary for the health and well-being of my child.

It is understood that a conscientious effort must be made to notify me before such action will be taken. I also agree to accept responsibility for the cost of above medical services.

Parent Signature

Date

# SUSSEX CHRISTIAN SCHOOL REFERENCE FORM FOR ADMISSION



### Instructions for applicant

Please complete the section below, then sign the Confidentiality Statement. Give the form to the person you wish to use as a reference. Your reference should not be a member of your immediate family. Please ask your reference to complete the form and return it to Sussex Christian School.

### Confidentiality Statement:

Understanding the need for a frank evaluation of Sussex Christian School's ability to serve the educational needs of our child, we, the undersigned parents/ guardians of the student(s) named below, hereby waive our right to review this form at a later date in order to allow this document to remain confidential.

### Student name(s)

### Parents'/ Guardians' names (Please print)

_____	_____
_____	<i>Father</i>
_____	<i>Mother</i>
_____	<i>Father's Signature</i>
	_____
	<i>Mother's Signature</i>

### Instructions for person providing reference

The family named above has applied for application for their school-aged student(s) to Sussex Christian School. Your frank evaluation will aid SCS in deciding if we can adequately serve this family in the education of their children. Please complete the following questionnaire and return to Sussex Christian School 45 Chapman Dr., Sussex, NB E4E 1M4.

Name of person completing Reference	Phone # and or email

### Reference

How long have you known the family? \_\_\_\_\_

What is your acquaintance with the family? With the student(s) applying? \_\_\_\_\_

In your opinion, what benefits would there be for this family to be part of Sussex Christian School?

To your knowledge, are there any concerns about this family/student in relation to being part of SCS?

Any additional comments that may be helpful may be added below or on a separate sheet of paper

Signature of person completing reference	Date

# SUSSEX CHRISTIAN SCHOOL PASTORS REFERENCE FORM FOR ADMISSION



### Instructions for applicant

Please complete the section below, then sign the Confidentiality Statement. Give the form to the person you wish to use as a reference. Your reference should not be a member of your immediate family. Please ask your reference to complete the form and return it to Sussex Christian School.

### Confidentiality Statement:

Understanding the need for a frank evaluation of Sussex Christian School's ability to serve the educational needs of our child, we, the undersigned parents/ guardians of the student(s) named below, hereby waive our right to review this form at a later date in order to allow this document to remain confidential.

Student name(s)	Parents' / Guardians' names (Please print)
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_____	_____
_____	<i>Father</i>
_____	_____
_____	<i>Mother</i>
_____	_____
_____	<i>Father's Signature</i>
_____	_____
_____	<i>Mother's Signature</i>

### Instructions for person providing reference

The family named above has applied for application for their school-aged student(s) to Sussex Christian School. Your frank evaluation will aid SCS in deciding if we can adequately serve this family in the education of their children. Please complete the following questionnaire and return to Sussex Christian School 45 Chapman Dr., Sussex, NB E4E 1M4.

Name of person completing Reference	Phone # and or email
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### Reference

How long have you known the family? \_\_\_\_\_

What is your acquaintance with the family? With the student(s) applying? \_\_\_\_\_

In your opinion, what benefits would there be for this family to be part of Sussex Christian School?

To your knowledge, are there any concerns about this family/student in relation to being part of SCS?

Any additional comments that may be helpful may be added below or on a separate sheet of paper

Signature of person completing reference

Date

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